									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2000									09804212					
	•				•	ОЯ	OTHER							
TOTAL CLAIMS			12				1	RATE	F	Œ	1	PATE	FEE	
FOR			NUMBER FILED		MUMBER EXTRA			Basic F	EE 355	i.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			/2 minus 20=		. 0			X\$ 9			OR	X\$18-		
INDEPENDENT CLAIMS			2 minus 3 =		. 0			X40=			OR	X80=		
M.	LTIPLE DEPE	ÉDENT CLAIM P	RESENT				ı	+135-	. T		OR.	+270=	1	
. 11	the difference	in column 1 is	less than zero, enter "O" in column 2					TOTA	+		OR	TOTAL	710.00	
CLAIMS AS AMENDED - PART II											,	OTHER	THAN	
(Column 1)			(Column 2) (Colum					SMALL ENTITY			OR .	SMALL		
ALHENDUJENT A		REMAINING AFTER AMENDMENT		PREVIO	MUMBER PREVIOUSLY ED				TION	WL	•	RATE	ADDI- TIONAL FEE	
	Total	. 15	Mirus	- 0	70	•	ı	X\$ 9-	,		OR	X\$18_	•	
	Independent	. 4	Minus	•••	3	-	ı	X40=			OR	5 X 100	200	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135-			OR	+270=		
	8 18 06 (Cotumn 1) (Cotumn 2) (Cotumn 3)							YOY			~	· TOTAL	200	
								ADOIT, FI		لب		ADDIT, FEE	Mil	
AMENDMENT B		CUMAS REMAINING AFTER AMERICMENT		HUER MUM PREVIO PAID		PRESENT EXTRA		RATE	ADI TION	NAL		RATE	ADDI- TIONAL FEE	
	Total _	· 15	Minus	• 6	20	•	Ì	X3 9-	1		OR	X\$18=		
	Independent	dependent • 4 Minu		***	•	- ×		1	┪	OR	X80=_	$\nearrow$		
Ľ	HRST PRESE	MIATION OF MA	ALTIPLE DEF	ENDEM	anm		<b>\</b>	+135=		コ	OR	+270=		
							L	-101/				TOTAL		
		A	VOOIT, FE	<b>E</b>		<u>س</u>	ADOIT. FEE							
		(Column 1) COMMS		(Colur	EST	(Cotumn 3)			1 46		1			
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADI TION FE	WL		RATE	ADDI- TIONAL FEE	
ğ	Total	•	Mireus	••				X\$ 9-			OR	X\$18=		
ş	FIRST PRESENTATION OF MULTIPLE DEPENDENT				ا ج	l	X40-	<b>1</b>		OR	X80=			
Ľ	HHST PRESE		╽┠	4	╁									
	If the entry in colu	+135=	1_		OR	+270=								
* If the entry in column 1 is less than the entry in column 2, write "0" is column 3.  "If the Prignast Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT, FEE  ADDIT, FEE  ADDIT, FEE														
	The "Highest Nur	ber Previously Pai	d For (Total o	Independ	ing) is the	highest number	loui	nd in the	appropria	te box	in cal	umn f.		
0001	OPM PTO-975  Patient and Tedemark Office, U.S. DEPARTMENT OF CONNERSOR													